

# **COMBINED FEDERAL CAMPAIGN STAFF**



Robert Solyan

2004

Chairman

Lisa Mack

2004 Vice

Chairwoman

Betty Scott  
Support

Administrative

# Location

Located in Bldg 120, RM 114  
Ext. 278-0001, 278-0002, or 278-0003



Campaign  
Dates  
1 October 2004 - 30 November 2004

# CFC MISSION

To allow an effective way for federal employees to help those in need, across our community, nation, and throughout the world. All at one time.



# DIVERSIFICATION OF CFC



CFC is diversified into many areas of needs:

Special Olympics, USO to just name a few...



# CONTRIBUTIONS

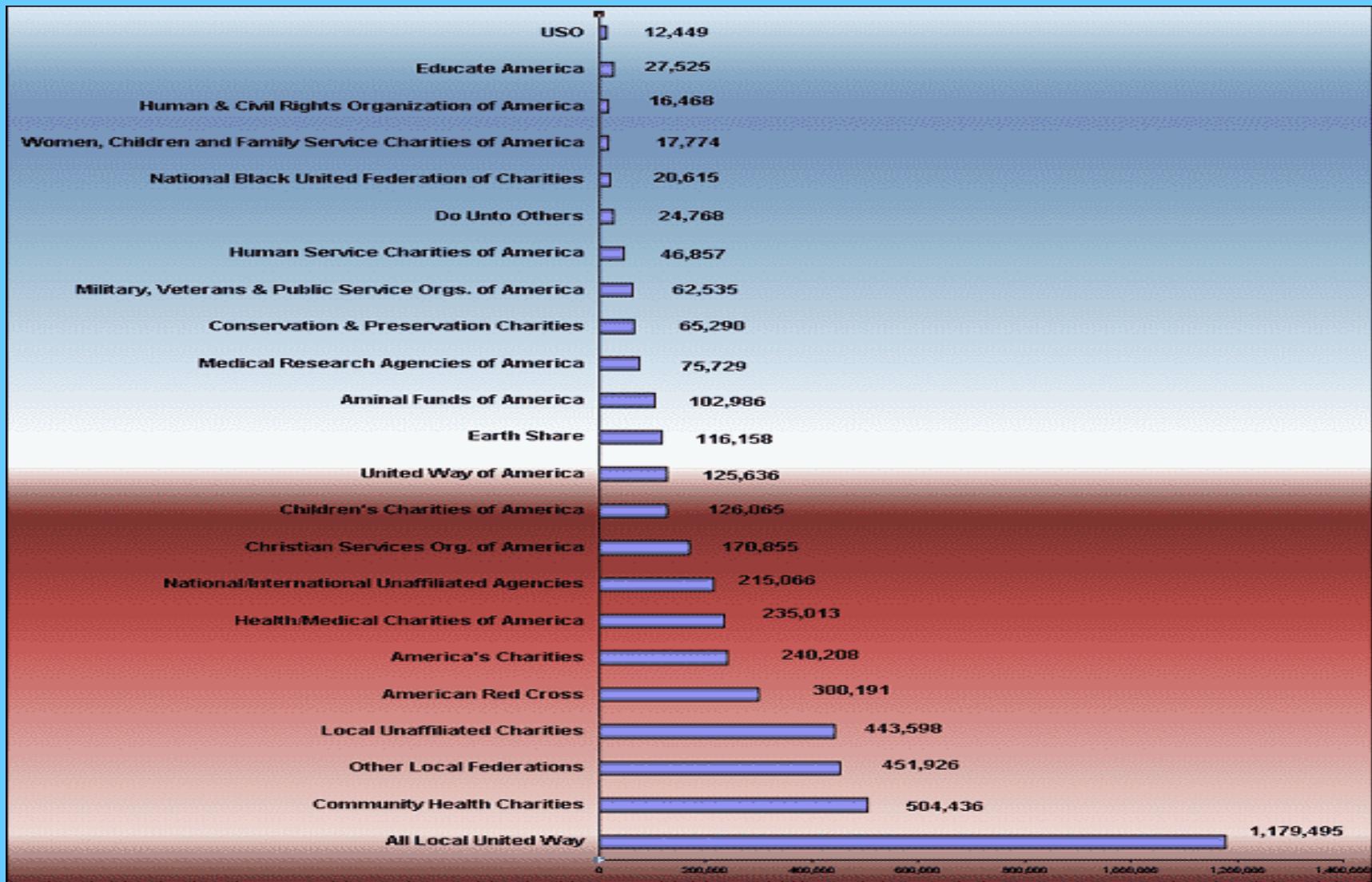
They are given on a  
volunteer basis:

The Desire of a person to  
give stems from a  
willingness to Help!!



Army Community Services & Child Youth  
Services

# Where does the money go?



# YOUR ROLE AS A KEY PERSON

- Educate Yourself So You Can Educate Others.
- Spread the Word.
- Distribute a Contributor's Guide & Pledge Card.
- Discuss Questions and Concern.
- Ask for a Gift.
- Recognition Incentives.
- Say Thank-you!

# **HANDLING OBJECTIONS**

- First things first, it is not personal.
- Listen Carefully.
- Do not argue.
- Relax and be yourself!

# REACHING FOR OUR GOALS!

| <b>YEAR</b>  | <b>INITIAL</b> |
|--------------|----------------|
| <b>FINAL</b> |                |
| 1999         | \$270,000      |
| 2000         | \$353,837      |
| 2001         | \$300,000      |
| 2002         | \$325,000      |
| 2003         | \$358,631      |
|              | 348,889        |
| 2004         | \$325,000      |
| STRETCH GOAL | \$375,000 +    |

# CFC KEY PERSONNEL FOR AA AND EA

**AA**-Completed pledge cards should be turned in whenever possible. Turn-ins are made before 1530 hours each day to CFC office, Bldg 120 1st floor room 114, hours of operation are from 0700 to 1630

**EA** - Completed pledge cards should be turned in whenever possible. Turn-ins are made to the CFC Staff, Lobby of Bldg E-4811, on Wednesday afternoons from 1300- 1600 hours.

# AR-600-29

Please read AR 600-29 first to know what you can and can not do.

Then sign the form AR 600-29 and return it to the CFC Office

# 2004 Training on Pledge Forms Sheet



# Pledge Card Cover

**PLEASE PRINT NEATLY**

**PLEASE USE BALL POINT PEN**

2004 COMBINED FEDERAL CAMPAIGN OF CENTRAL MARYLAND, P.O. BOX 1576, BALTIMORE, MD 21203-1576

|  |              |                    |   |  |  |
|--|--------------|--------------------|---|--|--|
| PRINT NAME (LAST)<br>KEYWORKER                                       | FIRST<br>KAY | MIDDLE INITIAL<br> | <input type="checkbox"/> CIVILIAN<br><input checked="" type="checkbox"/> MILITARY | FEDERAL ORGANIZATION<br>ARMY                 | UNIT/DIVISION AND PAYROLL OFFICE<br>USAG/CFC |
| WORK ADDRESS & ZIP CODE<br>USAG/CFC, BLDG 120, RM 114, APG, MD 21005 |              |                    | WORK PHONE<br>X 3-0000  | SOCIAL SECURITY NUMBER<br>---- - ---- - ---- |  |

Thank You!



Central Maryland Combined Federal Campaign

NO SSN

# Pledge Card Cover

## Reverse

### DONOR RECOGNITION PAGE

Please complete the following and return to your keyperson.

My contribution qualifies for one of the following:

**GOLD LEVEL LEADERSHIP GIFT**

Recognizes an annual pledge of \$2000 or more. Limited edition "Scenes of Maryland" print matted and framed (16 x 20).

**SILVER LEVEL LEADERSHIP GIFT**

Recognizes an annual pledge of \$1000 to \$1,999. Limited edition "Scenes of Maryland" print matted and framed (8 1/2 x 11).

**FALCON GIFT** Recognizes an annual pledge of \$450-\$999. Dual dynamic key chain (tape measure, magnetic screwdriver) with CFC logo.

**RAVEN GIFT** Recognizes an annual pledge of \$250-\$449. Stressball/noteholder with CFC logo.

**ORIOLE GIFT** Recognizes an annual pledge of \$100-\$249. Package of king-size mighty grip multipurpose openers with CFC logo.

**DONOR DOES NOT WISH TO RECEIVE A GIFT**

MY TOTAL ANNUAL GIFT IS

\$2400.00

**WORK TELEPHONE NUMBER  
for delivery of gift**

X 3-0000 410-278-0000

#### Participating Agency Designation

You are encouraged to contribute to a specific agency or agencies. (You may designate as many as five.) If you wish to designate, carefully review the current Combined Federal Campaign Contributor's Guide and designate the agency or agencies of your choice with the appropriate numbers in the boxes provided. If an agency not listed in the Combined Federal Campaign Contributor's

# Pledge Card - Payroll #1

2004 Combined Federal Campaign of Central Maryland  
P.O. Box 1576, Baltimore, MD 21203-1576

CFC Campaign No. 0405

**ATTENTION PAYROLL OFFICES:**  
Only use this number to identify the local campaign.

|   |                     |                |   |                                     |   |
|---|---------------------|----------------|---|-------------------------------------|---|
| PRINT NAME (LAST)<br><b>KEYWORKER</b>                                       | FIRST<br><b>KAY</b> | MIDDLE INITIAL | <input type="checkbox"/> CIVILIAN<br><input checked="" type="checkbox"/> MILITARY | FEDERAL ORGANIZATION<br><b>ARMY</b> | UNIT/DIVISION AND PAYROLL OFFICE<br><b>USAG/CFC</b> |
| WORK ADDRESS & ZIP CODE<br><b>USAG/CFC, BLDG 120, RM 114, APG, MD 21005</b> |                     |                | WORK PHONE<br><b>X 3-0000</b>   |                                     | SOCIAL SECURITY NUMBER<br><b>-----</b>              |

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.  
Write in the total of your annual contribution in the space provided.

| CONTRIBUTION            | AMOUNT | INTERVAL                    | TOTAL GIFT |
|-------------------------|--------|-----------------------------|------------|
| <b>MILITARY PAYROLL</b> | 200    | X 12 months                 | \$ 2400.00 |
| <b>CIVILIAN PAYROLL</b> |        | X 26 pay periods            | \$         |
| Other \$ _____          |        | (cash/check payable to CFC) |            |

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

| FOUR DIGIT AGENCY CODE |   |   |   | ANNUAL AMOUNT |
|------------------------|---|---|---|---------------|
| 1                      | 2 | 3 | 4 | 400           |
| 4                      | 5 | 6 | 7 | 1000          |
| 8                      | 9 | 0 | 1 | 1000          |
|                        |   |   |   |               |
|                        |   |   |   |               |

DESIGNATED GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here:

**CHECK ALL THAT APPLY**

- DO NOT release any information
- Release my name only to the charities I designated.
- Release my name and contact information to the charities I designated.  
(Provide your home mailing address and/or e-mail address)

**USAG/CFC**  
BLDG 120  
APG, MD 21005

NOTE: If all three boxes are checked, no information will be sent.

**PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE *Kay Keyworker* DATE *1 Oct 04*  
OPM Form 1654 June 2004

YES SSN

# Pledge Card - Central Receipt

## #2

| <b>2004 Combined Federal Campaign of Central Maryland</b><br><b>P.O. Box 1576, Baltimore, MD 21203-1576</b>   |        |                     |   | <b>CFC Campaign No. 0405</b>   |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------|---------------------|---|--|---|---|---|---------------------------------|--------|----------|------------|--|--|--|--|---------------|------------------|--------|-------------|------------|---|---|---|---|-----|------------------|--|------------------|----|---|---|---|---|------|--|--|--|--|---|---|---|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PRINT NAME (LAST)<br><b>KEYWORKER</b>   |        | FIRST<br><b>KAY</b> | MIDDLE INITIAL<br><input type="checkbox"/> CIVILIAN<br><input checked="" type="checkbox"/> MILITARY | FEDERAL ORGANIZATION<br><b>ARMY</b>  |   | UNIT/DIVISION AND PAYROLL OFFICE<br><b>USAG/CFC</b> |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WORK ADDRESS & ZIP CODE<br><b>USAG/CFC, BLDG 120, RM 114, APG, MD 21005</b>   |        |                     |   | WORK PHONE<br><b>X 3-0000</b>  |   | SOCIAL SECURITY NUMBER<br><b>-----</b>              |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.<br/>Write in the total of your annual contribution in the space provided.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CONTRIBUTION</th> <th style="text-align: left;">AMOUNT</th> <th style="text-align: left;">INTERVAL</th> <th style="text-align: left;">TOTAL GIFT</th> <th colspan="4" style="text-align: center;">FOUR DIGIT AGENCY CODE</th> <th style="text-align: right;">ANNUAL AMOUNT</th> </tr> </thead> <tbody> <tr> <td>MILITARY PAYROLL</td> <td>200.00</td> <td>X 12 months</td> <td>\$ 2400.00</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td style="text-align: right;">400</td> </tr> <tr> <td>CIVILIAN PAYROLL</td> <td></td> <td>X 26 pay periods</td> <td>\$</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td style="text-align: right;">1000</td> </tr> <tr> <td colspan="4">Other \$ _____ (cash/check payable to CFC)</td> <td>8</td> <td>9</td> <td>0</td> <td>1</td> <td style="text-align: right;">1000</td> </tr> <tr> <td colspan="4"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |        |                     |   |  |   |   |   | CONTRIBUTION                    | AMOUNT | INTERVAL | TOTAL GIFT | FOUR DIGIT AGENCY CODE   |  |  |  | ANNUAL AMOUNT | MILITARY PAYROLL | 200.00 | X 12 months | \$ 2400.00 | 1 | 2 | 3 | 4 | 400 | CIVILIAN PAYROLL |  | X 26 pay periods | \$ | 4 | 5 | 6 | 7 | 1000 | Other \$ _____ (cash/check payable to CFC) |  |  |  | 8 | 9 | 0 | 1 | 1000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CONTRIBUTION  | AMOUNT | INTERVAL            | TOTAL GIFT  | FOUR DIGIT AGENCY CODE   |   |   |   | ANNUAL AMOUNT                   |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MILITARY PAYROLL  | 200.00 | X 12 months         | \$ 2400.00  | 1  | 2 | 3   | 4 | 400                             |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CIVILIAN PAYROLL  |        | X 26 pay periods    | \$  | 4  | 5 | 6   | 7 | 1000                            |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other \$ _____ (cash/check payable to CFC)  |        |                     |   | 8  | 9 | 0   | 1 | 1000                            |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |        |                     |   |  |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |        |                     |   |  |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.</p> <p><b>CHECK ALL THAT APPLY</b></p> <p> <input type="checkbox"/> DO NOT release any information<br/> <input type="checkbox"/> Release my name only to the charities I designated.<br/> <input checked="" type="checkbox"/> Release my name and contact information to the charities I designated.<br/>         (Provide your home mailing address and/or e-mail address)<br/> <b>USAG/CFC</b> </p> <p>BLDG 120, RM 114<br/>         APG, MD 21005</p> <p>NOTE: If all three boxes are checked, no information will be sent.</p>  |        |                     |   |  |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |        |                     |   | <p>DESIGNATED GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">PAYROLL DEDUCTION AUTHORIZATION</td> </tr> <tr> <td colspan="4">           I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.         </td> </tr> </table> |   |   |   | PAYROLL DEDUCTION AUTHORIZATION |        |          |            | I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires. |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAYROLL DEDUCTION AUTHORIZATION   |        |                     |   |  |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |        |                     |   | <p>SIGNATURE <i>Kay Keyworker</i> DATE <i>10/7/04</i></p> <p>OPM Form 1654 June 2004</p>   |   |   |   |                                 |        |          |            |  |  |  |  |               |                  |        |             |            |   |   |   |   |     |                  |  |                  |    |   |   |   |   |      |  |  |  |  |   |   |   |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**COPY #2 TO THE CENTRAL RECEIPT POINT**

NO SSN

# Pledge Card - Contributor Copy

## #3

|   |  |                                    |                           |   |                                     |  |   |  |          |             |          |             |
|---|--|------------------------------------|---------------------------|---|-------------------------------------|--|---|--|----------|-------------|----------|-------------|
| <b>2004 Combined Federal Campaign of Central Maryland</b><br><b>P.O. Box 1576, Baltimore, MD 21203-1576</b>   |  |                                    |                           | <b>CFC Campaign No. 0405</b>  |                                     |  |   |  |          |             |          |             |
| PRINT NAME (LAST)<br><b>KEYWORKER</b>   |  | FIRST<br><b>KAY</b>                | MIDDLE INITIAL<br><b></b> | <input type="checkbox"/> CIVILIAN<br><input checked="" type="checkbox"/> MILITARY | FEDERAL ORGANIZATION<br><b>ARMY</b> |  | UNIT/DIVISION AND PAYROLL OFFICE<br><b>USAG/CFC</b> |  |          |             |          |             |
| WORK ADDRESS & ZIP CODE<br><b>USAG/CFC, BBLDG 120, RM 114, APG, MD 21005</b>  |  |                                    |                           | WORK PHONE<br><b>X 3-0000</b>   |                                     | SOCIAL SECURITY NUMBER<br><b>-----</b> |   |  |          |             |          |             |
| <small>CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.<br/>Write in the total of your annual contribution in the space provided.</small>  |  |                                    |                           |   |                                     |  |   |  |          |             |          |             |
| <b>CONTRIBUTION</b>   |  | <b>AMOUNT</b>                      | <b>INTERVAL</b>           | <b>TOTAL GIFT</b>   |                                     | <b>FOUR DIGIT AGENCY CODE</b>          |   |  |          |             |          |             |
| <b>MILITARY PAYROLL</b>   |  | <b>200.00</b>                      | <b>X 12 months</b>        | <b>\$ 2400.00</b>   |                                     | <b>1</b>                               | <b>2</b>  | <b>3</b>   | <b>4</b> | <b>400</b>  |          |             |
| <b>CIVILIAN PAYROLL</b>   |  |                                    |                           | <b>\$</b>   |                                     | <b>4</b>                               | <b>5</b>  | <b>6</b>   | <b>7</b> | <b>1000</b> |          |             |
| <b>Other \$</b>   |  | <b>(cash/check payable to CFC)</b> |                           |   |                                     |  |   | <b>8</b>   | <b>9</b> | <b>0</b>    | <b>1</b> | <b>1000</b> |
| <small>CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.</small>   |  |                                    |                           |   |                                     |  |   | <b>ANNUAL AMOUNT</b>   |          |             |          |             |
| <b>CHECK ALL THAT APPLY</b>   |  |                                    |                           |   |                                     |  |   | <b>DESIGNATED GIFTS:</b> To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here:  |          |             |          |             |
| <input type="checkbox"/> DO NOT release any information<br><input type="checkbox"/> Release my name only to the charities I designated.<br><input checked="" type="checkbox"/> Release my name and contact information to the charities I designated.<br><small>(Provide your home mailing address and/or e-mail address)</small><br><b>USAG/CFC</b><br><b>BLDG 120, RM 114</b><br><b>APG, MD 21005</b> |  |                                    |                           |   |                                     |  |   | <b>PAYOUT DEDUCTION AUTHORIZATION</b><br><small>I hereby authorize any agency of the United States Government by which I may be employed during 2005 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2005 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.</small> |          |             |          |             |
| <b>NOTE:</b> If all three boxes are checked, no information will be sent.   |  |                                    |                           |   |                                     |  |   | <b>SIGNATURE</b> <i>Kay Keyworker</i> <b>DATE</b> <i>10ct04</i><br><small>OPM Form 1654 June 2004</small>  |          |             |          |             |

**PLEASE USE BALL POINT PEN & PRESS FIRMLY**



CAMPAIGN SERVICE CENTER (801) 274-7500



NO SSN

**COPY #3 CONTRIBUTOR TO KEEP THIS COPY FOR PERSONAL TAX RECORDS**

# Sheet Distribution

Pledge Card: Cover page,  
Payroll Office (white copy  
#1), Central Receipt  
(yellow copy #2) go to the  
APG CFC Office.

---

Ensure that Contributor  
keep the **pink** copy #3

# TEAR STRIP - RAFFLE



*Printed on Recycled Paper*

CAMPAIGN SERVICE CENTER (801) 274-7500



***PLEASE USE BALL POINT PEN & PRESS FIRMLY***

KAY KEYWORKER  
X USAG/CFC

# Gold Level Leadership Gift



# Silver Level Leadership Gift



# Falcon Gift



# Raven Gift



# Oriole Gift



**ABERDEEN PROVING GROUND COMBINED  
FEDERAL CAMPAIGN DONOR RECOGNITION ACCOUNTABILITY  
FORM 2004**

Date: 1 OCT 04 Location No: 5  
 ORGANIZATION: USAG/CFC  
 KEY PHONE  
 WORKER: JOHN D. KEYWORKER NUMBER: X 3-0000  
 CFC PHONE  
 STAFF: Betty Lisa Robert NUMBER: (410-278) 3/0001/0003/0002

| AWARD          | DOLLAR RANGE    | DESCRIPTION OF AWARDS   | NUMBER RECEIVED | KEYWORKER WHOM RECEIVED AWARDS |
|----------------|-----------------|---|-----------------|--------------------------------|
| ORIOLE         | \$100 - \$249   | Pkg of king-size mighty grip multi-purpose openers with CFC logo          | <u>1</u>        | <u>SANDY GRATEFUL.</u>         |
| RAVEN          | \$250 - \$449   | Stressball/ noteholder with CFC logo                                      | <u>1</u>        | <u>"</u>                       |
| FALCON         | \$450 - \$999   | Dual dynamic key chain (tape measure, magnetic screwdriver) with CFC logo | <u>1</u>        | <u>"</u>                       |
| SILVER         | \$1000 - \$1999 | Limited edition "Scenes of Maryland" print matted and framed (8 1/2 x 11) | <u>      </u>   | <u>      </u>                  |
| GOLD           | \$2000 or more  | Limited edition "Scenes of Maryland" print matted and framed (16 x 20)    | <u>1</u>        | <u>"</u>                       |
| # <u>26023</u> |                 |   |                 |                                |

NOTE: Do not initial or sign for awards you did not receive.

BELOW IS FOR ORGANIZATION'S USE

ANNAPOLES - COLLEGE CREEK PRINT CONTRIBUTOR'S SIGNATURE Kay Keyworker  
 ANNAPOLES - COLLEGE CREEK PRINT CONTRIBUTOR'S SIGNATURE \_\_\_\_\_  
 ANNAPOLES - COLLEGE CREEK PRINT CONTRIBUTOR'S SIGNATURE \_\_\_\_\_  
 ANNAPOLES - COLLEGE CREEK PRINT CONTRIBUTOR'S SIGNATURE \_\_\_\_\_

# Key-Worker Report

## 2004 COMBINED FEDERAL CAMPAIGN KEY-WORKER REPORT

PLEASE CHECK:

- First and Final Report       First Report – Not Final  
 Additional Report – Not Final       Additional Report – Final

CFC Account Nr: 105672

Department Total Employees:

1000 (1<sup>st</sup> Report Only)

Date: 1 OCT 04

Local ID Number: 5

Local Envelope Count: 1

Key Worker Name JOHN D. KEYWORKER  
 (print): \_\_\_\_\_

Phone Number: X3-0000

Key-Worker Signature: John D. Keyworker

Activity/Department: USAG/CFC Aberdeen Proving Ground, MD 21005 (Zip Code)

Key workers: Use this form to list all contributions and carefully account for all completed pledge forms. Please check for correctness and completeness before you turn-in this form to your coordinator. (Please ensure that you talk to each person to ensure all have the opportunity to contribute to the CFC.)

| Name of Contributor   | CASH & CHECK TALLY                        |   | PAYROLL TALLY                     |   |  | List the CFC thank-you gift awarded (O) (R) (F) (SP) (LP) |                                |                                |                            |
|---|---|---|-----------------------------------|---|--|---|--------------------------------|--------------------------------|----------------------------|
|   | One-time amount and method                |   | Per day period                    | No. pay periods                             | Payroll amount                         |   |                                |                                |                            |
| Cash total  | Check total                               |   |                                   |   |  |   |                                |                                |                            |
| 1. JOHN KEYWORKER   | 100.00                                    |   |                                   |   |  | O   |                                |                                |                            |
| 2. MARY KEYWORKER   |   | 500.00                                    |                                   |   |  | F   |                                |                                |                            |
| 3. FRED KEYWORKER   |   |   | 10                                | 26  | 260                                    | R   |                                |                                |                            |
| 4. KAY KEYWORKER  |   |   | 200                               | 12  | 2400                                   | G   |                                |                                |                            |
| 5.  |   |   |                                   |   |  |   |                                |                                |                            |
| 6.  |   |   |                                   |   |  |   |                                |                                |                            |
| 7.  |   |   |                                   |   |  |   |                                |                                |                            |
| 8.  |   |   |                                   |   |  |   |                                |                                |                            |
| 9.  |   |   |                                   |   |  |   |                                |                                |                            |
| 10.   |   |   |                                   |   |  |   |                                |                                |                            |
| 11.   |   |   |                                   |   |  |   |                                |                                |                            |
| 12.   |   |   |                                   |   |  |   |                                |                                |                            |
| 13.   |   |   |                                   |   |  |   |                                |                                |                            |
| 14.   |   |   |                                   |   |  |   |                                |                                |                            |
| 15.   |   |   |                                   |   |  |   |                                |                                |                            |
| 16.   |   |   |                                   |   |  |   |                                |                                |                            |
| 17.   |   |   |                                   |   |  |   |                                |                                |                            |
| 18.   |   |   |                                   |   |  |   |                                |                                |                            |
| 19.   |   |   |                                   |   |  |   |                                |                                |                            |
| <b>Summary</b>  | <b>Number of Contributors last period</b> | <b>Number of Contributors this period</b> | <b>Total contributors to date</b> | <b>Total contributions from last period</b> | <b>Total contributions this period</b> | <b>Total contributions to date</b>                        | <b>Total gifts last period</b> | <b>Total gifts this period</b> | <b>Total gifts to date</b> |
| A. Cash   | 1   | 1   |                                   | 100   |  |   | 4                              | 4                              |                            |
| B. Checks   | 1   | 1   |                                   |   | 500                                    |   |                                |                                |                            |
| C. Payroll  | 2   | 2   |                                   |   | 2660                                   |   |                                |                                |                            |
| D. Total (A + B + C)  | 4   | 4   |                                   |   | 3260                                   |   |                                |                                |                            |
| Signature: <u>Bob</u>   |   |   |                                   |   |  |   |                                |                                |                            |
| APG CFC ROC: <input checked="" type="checkbox"/> Robert Solyan <input type="checkbox"/> Lisa Mack |   |   |                                   |   |  |   |                                |                                |                            |
| <input type="checkbox"/> Betty Scott  |   |   |                                   |   |  |   |                                |                                |                            |
| Phone: 410-278-0002, 0003, 0001, respectively   |   |   |                                   |   |  |   |                                |                                |                            |

Good luck and keep smiling.



Think Teamwork